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Approved for use through 09/30/2000. OMB 0651-0031  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/674,819
		Filing Date	November 6, 2000
		First Named Inventor	Akira Aomatsu
		Group Art Unit	1614
		Examiner Name	William R A Jarvis
Total Number of Pages in This Submission	22	Attorney Docket Number	5774-01-KD

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<i>Return postcard</i>	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Karen DeBenedictis
Signature	<i>Karen DeBenedictis</i>
Date	8/6/02

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 8/6/02

Typed or printed name	Cindy Malocha		
Signature	<i>Cindy Malocha</i>	Date	8/6/02

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PTO/SB/17 (11-00)

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 920.00)

## Complete if Known

Application Number	09/674,819
Filing Date	November 6, 2000
First Named Inventor	Akira Aomatsu
Examiner Name	William R A Jarvis
Group Art Unit	1614
Attorney Docket No.	5774-01-KD

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METHOD OF PAYMENT	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	
Deposit Account Number	23-0455
Deposit Account Name	Warner-Lambert Company
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
2. <input type="checkbox"/> Payment Enclosed:	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other	

FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	
106 320	206 160	Design filing fee	
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	
114 150	214 75	Provisional filing fee	
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES		Fee from below	Fee Paid
Total Claims	Extra Claims		
Independent Claims	-20** =	0	18.00 = 0.00
Multiple Dependent	-3*** =	0	84.00 = 0.00
		0.00	= 0.00
Large Entity		Small Entity	
Fee Code (\$)	Fee Code (\$)	Fee Description	
103 18	203 9	Claims in excess of 20	
102 80	202 40	Independent claims in excess of 3	
104 270	204 135	Multiple dependent claim, if not paid	
109 80	209 40	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		0.00	

\*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)			
3. ADDITIONAL FEES			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 390	216 195	Extension for reply within second month	
117 890	217 445	Extension for reply within third month	
118 1,390	218 695	Extension for reply within fourth month	
128 1,890	228 945	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,240	241 620	Petition to revive - unintentional	
142 1,240	242 620	Utility issue fee (or reissue)	
143 440	243 220	Design issue fee	
144 600	244 300	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	
179 710	279 355	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	
Other fee (specify) _____			
SUBTOTAL (3) (\$)		920.00	

\*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Karen DeBenedictis	Registration No. (Attorney/Agent)	32,977	Telephone (734) 622-3374
Signature	Karen DeBenedictis		Date	08/06/2002

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